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The politics of occupational health

Are government-level decisions which affect OH practice based on evidence or political ideology?

How do political decisions shape and mould the practice of occupational health in the UK and what is the impact on both practitioners and patients? Andrew Watterson examines the political influences impacting on OH practice today.

AT one level, it is readily understood that occupational health (OH) is influenced by political decisions that shape policy and impact on practice. Governments make occupational health and safety (OHS) policy, and government departments and their civil servants carry out that policy – frequently with no signs of visible dissent, whatever their professional view might be. And following publication of the 2010 review *Fair society, healthy lives on the social determinants of health*[1], the impact of economic factors on health – for individuals, workplaces and populations – is now more widely and better understood.

At another level, explicit discussion of the impacts of the 'politics' and the political economy of OH in the UK is rare. Policies are presented as technical and scientific solutions when sometimes they are nothing of the sort. Often such policies are not subject to rigorous scientific – or any – scrutiny. We are required to have regulatory impact assessments of new legislation but we do not have proper assessment measures of the impact of new government measures on OHS. Practitioners can seem to be in denial about how high-level political decisions influence their practice, and debate is often stifled and closed down. 'Whistle-blowers' who flag problems now wish to remain anonymous. People may even fear for their jobs if they speak out about how political failures and economic cuts may have damaged employee health and safety.

The government leaflet summarising Gordon Waddell and Kim Burton's research on work, health and wellbeing went further and explicitly argued: 'It is crucial that everyone thinks the same way, shares common goals and works together'[2]. Such Orwellian groupthink can do a grave disservice to the health and safety of workers in the UK. The lack of critical thinking about policies must be of great concern to many professionals in the field as well as to employees and their representatives. This appears to be a particularly UK phenomenon because in Australia, South Africa, Canada and the US, there is a far greater understanding of the politics of OH and several analyses of the higher level ideological influences on worker health and safety in the mainstream literature have been published.

The 19th century physician, epidemiologist and activist, Rudolf Virchow presented a very clear approach to dealing with the politics of public health. He said: 'Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution ... The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction'.

In OHS there is no equity in risk distribution or hazard exposure, as the work of the epidemiologist Michael Marmot has often shown. 'Insecure and poor quality employment is also associated with increased risks of poor physical and mental health. There is a graded relationship between a person's status at work and how much control and support they have there. These factors, in turn, have biological effects and are related to increased risk of ill health,' he said[3].

The most vulnerable in our workforce, from socio-economic and power perspectives, are very often the ones that run the greatest risks and suffer the greatest burdens of work injuries and work-related ill health. Yet the 'poor' in the UK workplace have lost many of their professional advocates and the weakened trade unions struggle to defend their members. Occupational physicians like Morris Greenberg in the early days of the Health and Safety Executive (HSE) embodied the Virchow approach. Now it is usually left to civil society organisations such as the Hazards campaign[4], the Institute of Employment Rights[5] and the sort of pioneering work done by the late Simon Pickvance[6] and others through the Sheffield Occupational Health Project to act as advocates for worker health and safety.

NEOLIBERALISM AT WORK

The reasons why this state of affairs, with regard to the politics of OH, has come about – or rather re-appeared – merit some discussion. Neoliberalism has been both a subtle and blunt intellectual driver for global economic and political change but often presents itself as a force for good when the evidence from the workplace could not be more different. The ideology in practice has led to: zero-hours contract workers; job insecurity; lack of compensation for

and recognition of occupational diseases; victimisation of whistle-blowers like the blacklisted construction workers who exposed hazards; long hours; rogue employers in some cases; rises in psychosocial stress and bullying in many workplaces; along with the continuation of endemic, and in some workplaces epidemic, occupational ill health[7]. The neoliberal belief in certain individual freedoms and not others, and the protection of some vested interests and not others, has been reflected in the emphasis on wellbeing and lifestyle activity in the workplace rather than upstream causes of ill health created by the political economy.

Along with this have come the arguments for self-regulation, smart and better regulation and the run-down of the HSE and related local authority and other regulatory agencies. In this setting, the late industrial sociologist Donald Roy's 'fear stuff, sweet stuff and evil stuff' – a discussion of cynical management tactics – appear to be at work in several organisations dealing with UK health and safety. Those who do not question neoliberal ideas, deregulatory agendas and their impacts are rewarded and promoted ('sweet stuff'); those who question them are punished ('fear stuff') and those who challenge them may be sacked ('evil stuff').

Party politics too has converged and produced similar health and safety at work policies driven by the same principles of neoliberalism. In an integrated world economy, governments and businesses aim to 'free' economic activity through increasing foreign direct investment, liberalising trade, privatising public agencies and resources, deregulating production, labour markets, markets in goods and services and implementing regional and international trade agreements[8].

Neoliberalism globally has had enormous impacts in some places on worker health and safety directly through the creation of precarious work and deteriorating working conditions for isolated and disempowered workers, which in turn increased poverty, reduced worker knowledge of hazards and increased risk of work-related injury and ill health when compared with permanent workers[9,10]. Precarious work is also linked specifically to poorer health and safety standards and training. Precarious workers are less likely to claim compensation for work-related injuries and diseases. The UK has not been immune from some of these effects and indeed has embraced neoliberal ideas across the political spectrum and especially in the workplace. The health and safety of millions of 'self-employed' UK workers and those they work for or with will be affected under the recently enacted *Deregulation Act 2015*[11]. Once enabled by regulations, section 1 of the Act will exempt self-employed persons from section 3(2) of the *Health and Safety at Work Act 1974*, unless they work in a specified high-hazard environment.

New Labour, under former prime minister Tony Blair's successive administrations, reduced budgets on health and safety at work and ignored and constantly shuffled numerous junior ministers dealing with the topic. Both Blair and his chancellors of the exchequer, Gordon Brown and Alistair Darling, pursued a de facto deregulatory policy, sometimes disguised as 'smart', 'better' or 'responsive' regulation, on worker health and safety within the European Union and the UK for several years[12].

The coalition government followed the neoliberal path even more energetically and was less shy about openly justifying its ideological position, believing 'red tape' on workplace regulations hampered economic growth and profitability and increased economic costs for employers. The coalition government's Red Tape Challenge meant the HSE 'reduced its stock of legislation by 50%'[13,14]. There was no real consideration by major government departments of the human and economic costs borne by employees due to poor health and safety standards. The powerful work done by the HSE in earlier years on the economic burdens to the economy from neglect of unhealthy and unsafe working conditions fell by the wayside in this new political climate. Further savage cuts were made in the HSE's budget and even the principles under which the HSE operated were amended to prioritise business interests. Unsurprisingly the Department of Business, Innovation and Skills did not reciprocate by prioritising worker health and safety in its high level aims.

A consensus, if not quiescence, in tripartite HSE committees emerged which did not openly challenge the effect neoliberalism had on working conditions. This was probably partly due to an assessment that something was better than nothing and that rocking the HSE boat might sink it all together. Yet in the Americas, where neoliberalism has been widely embraced by many parties, the politics of the philosophy and the alternatives are discussed and critiqued. Aspects of deregulation have been directly challenged even in the context of sustainable development models by those now heading major US agencies and boards[15,16].

UK HEALTH AND SAFETY RECORD

In the UK, the unequal distribution of workplace injuries and diseases, the development of the precariat, the limits of the gangmasters legislation, and the implications of zero-hours contracts have aroused little mainstream political concern. This may help to explain Britain's poor record on OH and safety and its regulatory and enforcement problems. Yet paradoxically whilst these big problems exist for the UK, there is arguably a denial from the regulator that many vulnerable workers are at risk. The HSE has frequently claimed that it is a world leader on workplace safety but when the complete health and safety picture is examined, that is simply not the case.

The Mapplecroft Global Health and Safety Risk Index for 2009 ranked the UK only 30th out of 176 countries. The index assessed countries across a full range of indicators that influence working life and wellbeing and so produced a holistic rather than fragmented picture. It examined

work-related fatalities and injuries, work absences, occupational disease deaths and related factors such as health expenditure, life expectancy, government effectiveness, regulatory quality and the total number of International Labour Organization conventions ratified. When the Organisation for Economic Cooperation and Development countries are examined, the UK position is even worse with the ranking dropping to 20th out of 30. Even if such rankings are ignored, the HSE's own ill-health statistics for 2013/14 are chastening. There are 1.2 million working people with a self-reported work-related illness each year – with an estimated total of two million working people suffering from self-reported work-related or work-caused illness. It is important to note that ill health – not injuries – account for around 99% of work-related deaths each year. There were around 13,000 work-related deaths over the period and 2,535 mesothelioma deaths in 2012 due to past asbestos exposures. Four thousand chronic obstructive pulmonary disease deaths were estimated to be due to work exposures each year. Nearly 250,000 new cases of work-related stress were reported over the period and the total number of cases was reported at 487,000. An estimated 28.2 million working days were lost due to work-related illness and workplace injury. The estimated cost of injuries and ill health from current working conditions in 2012/13 was £14.2 billion.

These results and figures would have caused an outcry in any other sector but leading politicians from all sides barely pay any attention at all to health and safety damage. It passes under the radar of some of those supposedly with key roles for protecting worker health and safety as well as the media. Such is the power of neoliberalism: do not look or look too closely at such figures and there is no problem.

PARED-DOWN HSE?

The HSE has on occasions supplemented its own dismantling by the neoliberals. HSE pledges and campaigns – for example in the agriculture sector – have even emerged, which are somehow meant to protect workers when regulation, inspection and enforcement policies have failed.

The health and safety regulator was told by the government in 2014 to go further in dismantling itself because – as the then minister for disabled people Mike Penning stated in Parliament – 'there is considerable potential for HSE to become more commercial in outlook and in delivery – increasing the pace of the work already started within the organisation'[17]. And in his forward to the government response to the HSE triennial review, Penning added: 'Selling our expertise abroad will not only help businesses and governments to save lives, but, as part of our long-term economic plan, will show the world we're leading the way in exporting expertise overseas'[18]. Where exactly the slack is within the HSE to carry out commercial consultancy is hard for external parties to see.

The HSE Board in July 2014 expressed the view that commercialisation was a 'real and significant opportunity to preserve and maintain HSE's capacity, capability and philosophy as an effective, risk-based regulator'[19]. The political direction had been laid by the government and it is difficult to make sense of such a statement unless it is viewed as entirely political. Such a level of cognitive dissonance is remarkable and again does not fit with the injury and disease statistics provided by the HSE itself and its declining budget and staff.

INCORPORATING – OR LOSING – OH IN THE WIDER PUBLIC HEALTH AGENDA

One other policy strand has affected health and safety in recent years. Arguments were made for the integration of OH into the bigger public health framework: a message promulgated by several NHS boards before the new public health role of local authorities. There were promises of greater coherence between services and of OHS messages reaching a wider audience. Thus more effective action would be ensured, along with greater surveillance and monitoring and faster responses to the causes of workplace injuries and illnesses. The politics of retrenchment and the neutralisation of public health, especially in England, have effectively prevented such benefits emerging. Even before the economic downturn and public expenditure cuts, OHS seemed to be lost rather than found in the public health arena and engulfed by bigger health promotion and wellbeing interests. Resources that could and should have been spent on the cost-effective prevention of workplace diseases and injuries were on occasions swallowed by health promotion initiatives across the UK, for example in the Scottish Centre for Healthy Working Lives.

ALTERNATIVE APPROACHES

The merits of the various global alternative models to neoliberalism in OHS were and are rarely discussed in the UK. This was so even when the American voluntary protection programmes failed and the merits of regulation and inspection were clearly demonstrated, for example by the US Mine Safety and Health Administration and by Harvard researchers, along with imaginative schemes like the US Toxics Use Reduction legislation[20].

The politics of OH across Europe does reveal OHS is beleaguered everywhere – but not all European countries, agencies and practitioners are retreating at the same rate. Some in 'social democratic' countries have been able to resist the most serious damage because of wider society's commitment to social justice. In several Nordic countries a 'work environment management concept' appeared and prevailed in the 1970s drawing on industrial relations ideas linked to democracy and the participation of employees at its centre. Health and safety at work was placed on an equal footing with quality and environmental protection. Tripartism was also less

tokenistic and stultifying in the Nordic circle than it proved to be in the UK. Significantly, the Scandinavian application of work environment management was not influenced in any major way by such things as lean production, business process re-engineering and balanced scorecards. According to Annette Kamp and Klaus Nielsen of Roskilde University in Denmark: 'It is a striking fact that many of the forms of management (lean production etc) that have passed through Scandinavian enterprises in the last 30 years have not had a stronger impact in the field of working environment. This is probably because management of the working environment is implemented in close interaction with public regulation, and the enterprise therefore has to consider the question of legitimacy in relation to the surrounding society'[21].

Finally, it should be noted that the politics of OH is diverging across the UK. Northern Ireland has its own enforcement agency. In Wales and Scotland, though both are covered by the HSE, there are attempts to bring in new laws that relate to occupational disease costs and recognition. In Scotland legislation on a variety of asbestos-related conditions has gone through due to actions by successive Scottish governments. How regulation and enforcement link in with NHS research on work-related disease treatment and work-related influences on communities has also yet to be fully explored. In the future, the politics of the four countries could mean significant differences develop in their approach. ■

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CONCLUSIONS

- **Explicit** discussion of the impacts of the 'politics' and the political economy of OH in the UK is rare
- **There** is no equity in risk distribution or hazard exposure in worker health and safety
- **Neoliberalism** often presents itself as a force for good when the evidence from the workplace could not be more different
- **In Australia**, South Africa, Canada and the US, several analyses of the higher level ideological influences on worker health and safety have been published – in contrast to the lack of scrutiny in the UK
- **The integration** of OH into the wider public health framework – and the neutralisation of public health – have effectively prevented promised OH benefits from emerging
- **The merits** of the various global alternative models to neoliberalism in occupational health and safety were and are rarely discussed in the UK

Notes

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